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**PREPARING AIR FORCE NURSES TO DELIVER HEALTH CARE IN A
UNIQUE OPERATIONAL ENVIRONMENT: DETAINEE OPERATIONS**

by

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United States Air Force nurses in combat operations find themselves providing care to a variety of patients in unique environments. Currently comprehensive training is provided in areas of battlefield nursing and the combat health care system. Specifically, nursing care is taught to be delivered at the Air Force Theater Hospital, a Forward Operating Base, or in the back of an aircraft. Training focuses on the variety of patients who may require care; the very young and very old, combatant and non-combatant, ally, and possibly, the enemy. There is however, limited training in caring for the enemy outside of the health care delivery system. Nursing is especially challenging in a detainee facility. The environment is different because a detainee facility's primary mission focuses on custody of the detainee, not care of the detainee. Nursing care in prison systems has already been identified as challenging. Weiskopf described the inmate nursing care experience, 'It's not like a hospital, because the whole purpose is the offender is there for custody; the offender is not there incarcerated to improve their health.'¹ It is difficult for nurses to transition from an environment in which patients seek out care, to one where specific rules and constraints guide the delivery of care. Because of this unique environment, it is vital for Air Force Medical Service nursing leadership and medical readiness training personnel to leverage specific nursing educational platforms, which will provide the right skill set for a nurse preparing for deployment to a detainee operation. Specifically, Air Force nurses deploying to a detainee facility environment should focus on development of specific cultural awareness skills, enhanced mental health assessment skills, and a nursing standards of care review that includes procedures for reporting detainee abuse and ethical concerns.

The Air Force has several training platforms to prepare nurses for deployment to the battlefield. One example is the Center for Sustainment of Trauma and Readiness Skills

(CSTARS), which provides nurses with advanced trauma skills. However, limited training is available to nurses deploying to a detainee operations facility. According to information provided by MSgt Jamison, NCOIC Specialty Training and Joint Expeditionary Training, detainee operations training is necessary for medics, only if it is indicated in the unit line number (ULN).² Many factors contribute to the ULN remarks. For example, the theater commander may deem the training is not required based on current theater requirements. Another factor may be that the previous rotation of a particular ULN determines the training is unnecessary. This presents a possible training deficiency for nurses scheduled to deploy to a detainee facility. The nurse may not be eligible for the pre-deployment detainee operations training because their ULN does not list the training as mandatory.

Another issue is the availability of the course. The Army offers the course only two times a year, which limits the training opportunity for nurses. Health Services Air Force Doctrine (AFDD 2-4.2) states, “Superior education and training, forms the core of a medically ready force. It provides the structure, ensuring medical service personnel are current in their skills, confident in their abilities, and are ready to support the broad spectrum of military operations.”³ The Air Force Nurse Corps must provide additional training platforms to nurses who will work in a detainee environment because the current training process does not provide the crucial skill set essential to the delivery of health care. One of the battlefield skill sets needed, especially for those who may be working in a detainee facility, is cultural competency.

Current detainee operations exist in Afghanistan and Iraq. Most of the detainees are Muslim and from the local area, which can create cultural barriers in the delivery of health care. Nursing staff should receive training on specific cultural differences regarding health care practices and beliefs to include the role of the nurse in the locale.⁴ Currently, Air Force nurses

receive cultural training by means of a computer-based training tool. This tool is not effective because it does not focus on the delivery of care tailored to a specific culture. Dr. Deborah Flowers, Associate Professor with East Central Oklahoma Department of Nursing, states, “A direct relationship exists between a patient’s culture and his or her health; of the many variables known to influence health beliefs and practices, culture is one of the most influential.”⁵ Developing cultural competence in nurses is instrumental in the delivery of care. Dr. Flowers, quotes cultural competence as ‘developing an awareness of one’s own existence, sensations, thoughts and environment without letting it have an undue influence on those from other backgrounds; demonstrating knowledge and understanding of the client’s culture; accepting and respecting cultural differences; adapting care to be congruent with the client’s culture.’⁶ In the current detainee operational environment, religious beliefs and practices of Muslims affect the delivery of health care.

One specific example of religion influence on care is having a female nurse provide care to a male Muslim detainee. A report written by Ott, Al-Junaibi and Al-Khadhuri states, “Islamic teachings regulate relationships between men and women. It is preferred to have health care providers that are of the same sex as the patient, and Muslim if possible.”⁷ Due to manpower constraints and simply not having a force with an abundance of male nurses, it is not always possible to provide a male nurse to care for a male detainee. This represents a challenge in the delivery of care. A nurse must have the skill set to identify the cultural barrier and respond to it in a manner, which facilitates the delivery of care.

A recommendation for developing culturally competent nurses in the Air Force is through the implementation of Dr. Josephna Campinha-Bacote’s, President and Founder of Transcultural C.A.R.E. Associates, model of cultural competence in health care delivery. Nursing education

departments, medical schools and many other medical professions are utilizing Dr. Campinha-Bocote's model in their practices and curriculum. The model consists of five components of cultural competence, which include cultural awareness, cultural knowledge, cultural skill, cultural encounter and cultural desire.⁸ Dr. Campinha-Bocote states, "The model views cultural competence as the ongoing process in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client."⁹ The Nurse Corps could implement this model at the start of a nurse's career in the Air Force, preparing them for future deployments.

The Nurse Transition Program is an excellent platform to utilize for initial implementation of the model's components. Accomplishing cultural competence within the Nurse Corps will provide nurses with the right skill set needed to deliver quality care in any operational environment. Training nurses at the beginning of their inception into the Air Force will develop a foundation to build upon. Pre-deployment training for nurses deploying to a detainee operation should include tailoring the cultural knowledge and cultural skill components of the model to align with the culture represented in the deployed operational environment. In addition to culture, training must also focus on enhancing nursing mental health assessment skills in order to meet the potential needs of the detained patient.

Nurses must be able to identify the signs and symptoms of mental health disorders to ensure the patient receives the proper care. Mental health disorders are more prevalent in prison populations. According to a report provided by the World Health Organization, "Many of these disorders may be present before admission to prison, and may be further exacerbated by the stress of imprisonment. However, mental disorders may also develop during imprisonment itself as a consequence of prevailing conditions and also possibly due to torture or other human rights

violations.”¹⁰ Air Force nurses in a detainee operation have to determine whether a detainee’s behavior is normal and may be culturally related or if it is possibly a symptom of a mental health disorder. For example, a male detainee may act very quiet any time a female nurse attempts to deliver care to him. Is this because of his religion that he does not want the female to care for him or is it because he is very depressed and even possibly suicidal? The nurse is in a position to assess the detainee and relate findings to the provider. The identification of mental health disorders will expose the underlying cause for abnormal behavior and allow the medical team to ensure the delivery of appropriate care.

There are several ways to develop nursing mental health assessment skills. Nurses deploying to a detainee environment would benefit from training in a federal or state prison environment. LTC Holman, previous Operations Officer, Task Force 62 Medical Brigade, Baghdad, Iraq, identifies the Army’s ‘Training With Industry’ program as an excellent platform for a nursing fellowship in which the nurse would train within a local, state, or federal prison.¹¹ The nurse corps should look at the possibility of developing a program, which would allow nurses to shadow a nurse working in the prison system. This provides Air Force nurses a first-hand experience of the delivery of care in a custody environment that tends to deal with more mental health disorders.

The CSTARS platform is also an excellent educational environment to incorporate mental health training. Nurses identified for deployment to a detainee operation should spend several days working with a specially trained mental health nurse on a psychiatric ward. During training, a detailed review of the nursing process and specific mental health nursing care plans would enhance assessment skills. According to Jyoti Back, registered nurse who holds a diploma in psychiatric nursing, “The nursing process is an interactive, problem-solving process.

It is systematic and an individualized way to achieve outcome of nursing care.”¹² Instructing nurses on the development of nursing care plans specific to disturbed thought processes and altered behavioral patterns will provide them with tools they can utilize in a deployed setting to ensure identification and treatment of detainee mental health disorders. Training how to differentiate between cultural and mental health disorders are two ways to prepare nurses for detainee care. Just as important however, nurses must understand nursing standards of care in this environment to fully act as a patient advocate in a detainee setting.

Nurses have a moral obligation to prevent harm to patients while adhering to medical ethical standards. Article 16 of the 1949 Geneva Convention states, “Persons engaged in medical activities shall not be compelled to perform acts or to carry out work contrary to the rules of medical ethics...”¹³ According to Dr Jerome Singh, the 1982 U.N. General Assembly resolution titled Principles of Medical Ethics Relevant to the Role of Health Personnel states, “health personnel charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of diseases of the same quality and standard as is afforded to those who are not imprisoned or detained.”¹⁴ Working in a detainee facility may present nurses with a moral conflict because of their personal feelings towards the detainee. Cultural and mental health training, as mentioned before, will assist in preventing moral conflict, but nurses must also understand their obligation to uphold international laws and adherence to standards of care.

Professional medical organizations specifically condemn abuse of prisoners and any form of harm or inhumane treatment. Recently the American Nurses Association (ANA) joined other medical professions and issued a resolution mandating all nurses to prevent abuse to prisoners

and detainees. In June 2005, the ANA issued the following guidance as part of Senate Joint Resolution Bill 19:

Prisoners and detainees have the right to health care and humane treatment; registered nurses shall not voluntarily participate in any deliberate infliction of physical or mental suffering; registered nurses who have knowledge of ill-treatment of any individuals including detainees and prisoners must take appropriate action to safeguard the rights of that individual; the American Nurses Association shall condemn interrogation procedures that are harmful to mental and physical health; the American Nurses Association shall advocate for nondiscriminatory access to health care for wounded military and paramilitary personnel and prisoners of war; and the American Nurses Association shall counsel and support nurses who speak out about acts of torture and abuse.¹⁵

Air Force nurse training must include a review of the standards of care and practice to ensure prevention of ethical violations and moral conflicts. It is essential for nurses to understand the necessary steps to take for reporting any issues. In a 2003 memorandum regarding medical care and protection for detainees in U.S. military custody, Dr. Winkenwerder, former Assistant Secretary of Defense for Health Affairs, stated, “Any health care personnel who...observes circumstances indicating a possible violation of applicable standards...for the protection of detainees...shall report those circumstances to the chain of command.”¹⁶ It is a nurse’s moral obligation to report incidents above the chain of command if necessary. Nurses must understand their responsibility and not be fearful of reporting violations.

A standard of care review and ethical training must be included as an annual training requirement for all nurses. A computer-based training tool is one method that can accomplish this training. However, for nurses deploying to a detainee operation, specific scenario-based training would be better. This training could be included during CSTARS training or at the basic unit level. Since nurses do not deploy as a group, scenario-based training performed at the unit level is adequate. Scenario-based training places the nurse in specific situations and encourages them to think about how they would react. This training would provide the nurse with the

knowledge to respond appropriately if faced with an ethical issue during the delivery of care to a detainee.

Air Force nurses must be able to provide excellent, quality health care in all types of operational environments. Current training for nurses deploying to a detainee operation does not include the crucial skill set needed for such a unique environment. Nurses require cultural competence, keen mental health assessment skills, and a firm knowledge of nursing standards and ethical violation reporting procedures. Air Force nursing senior leadership must utilize current educational platforms to incorporate specific training for nurses assigned to a detainee operation. One cannot expect a nurse to deliver high quality health care in a custodial type environment without appropriate training. Specialized training will give the nurse the skills needed to overcome any potential cultural barriers, tailor care to the detainee's specific mental health needs and ensure adherence to nursing care standards.

¹ Constance S. Weiskopf, "Nurses Experience of Caring for Inmate Patients," 336.

² MSgt Jamison, email to author, 24 March 2010.

³ AFDD 2-4.2, Health Services, 11 Dec 2002, 71.

⁴ ST 4-02.46, Medical Support to Detainee Operations, 4-2.

⁵ Deborah L. Flowers, RN, PhD, "Culturally Competent Nursing Care: A Challenge for the 21st Century," 52.

⁶ IBID, 49.

⁷ Barbara Ott, Suad Al-Junaibi, Jamal Al-Khadhuri, "Preventing Ethical Dilemmas: Understanding Islamic Health Care Practices," 1.

⁸ Deborah L. Flowers, PhD, RN, "Culturally Competent Nursing Care: A Challenge for the 21st Century," 50.

⁹ Josephna Campinha-Bacote, PhD, RN, CNS, BC, CTN, FAAN, "The Process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care," 181.

¹⁰ World Health Organization, *Mental Health and Prisons*, 1.

¹¹ LTC Vincent Holman, MS, USA, "Transition of the Detainee Healthcare System to a Correctional Model: An Interagency Approach," 33.

¹² Jyoti Back, RN., "The Nursing Process: Context of Psychiatric Nursing," 1.

¹³ International Committee of the Red Cross, "Protocol Additional to the Geneva Conventions of 12 Aug 1949, and relating to the Protection of Victims of International Armed Conflict Protocol I", 1.

¹⁴ Jerome Singh, PhD, "Treating War Detainees and Terror Suspects: Legal and Ethical Responsibilities of Military Physicians," 17.

¹⁵ SJR 19 Senate Joint Resolution Bill, 2.

¹⁶ Dr. William Winkenwerder, Jr., Assistant Secretary of Defense, Health Affairs, Memorandum for Reference, 3.

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